



MYERSTOWN  
EST 1768

Property Address: \_\_\_\_\_  
Property Tax ID: \_\_\_\_\_

Rental Property:  Yes  No  
Vacant Property:  Yes  No

# Complaint Form

All requested information on this form must be complete and legible.

## Complainant Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the issue outlined within this complaint visible from your property?  Yes  No

I hereby give the Zoning Officer permission to enter upon my property to investigate this complaint.

\_\_\_\_\_  
Complainant's Signature                      Complainant's Printed Name                      Date Signed                       Consent given over phone

## Complaint Information: *(use separate sheet if necessary)*

Address of Complaint: \_\_\_\_\_

Location of Issue on Property: \_\_\_\_\_

Date/time issue(s) started: \_\_\_\_\_ Is the issue currently ongoing?  Yes  No

Description of issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Complainant's Signature                      Complainant's Printed Name                      Date Signed                       Complaint received over phone

## Property Owner Information

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Automobile information *(if applicable)*: \_\_\_\_\_  
Color                      Make                      Model                      License #

**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Sent to Code Official/Zoning Officer: \_\_\_\_\_ Via:  Email  In Person